

Criteria Checklist

Alabama Medicaid Agency Short Term Rental for Reclining Wheelchairs

PREREQUISTE CRITERIA *The patient **must** meet all of the following:*

- Patient must be Medicaid eligible.
- Patient has a documented* medical condition which requires short term use of a reclining wheelchair.
- Patient is bed/chair confined.
- Documentation* includes patient's specific limitations.
- Patient has a written order from the physician including an estimate of the period of time the reclining chair will be needed.

DIAGNOSIS CODES

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

E1050, E1060, E1070, E1110

Initial approval will consist of up to 90 days only. If the recipient needs the chair after the initial 90 day period, written documentation* must be submitted that demonstrates continued medical necessity. No certification for short term rental can exceed a total approved timeframe of 6 months in a 12 month period.

**Documentation may include notes from the patient chart.*